

AC4OH

ADVISORY COMMITTEE ON THE STATE PROGRAM FOR ORAL HEALTH

Date: July 17, 2015

To: Marta E. Jensen, Acting Administrator, Division of Public and Behavioral Health

From: Advisory Committee on the State Program for Oral Health
Chair, Christine Garvey, RDH

Subject: **Annual Letter of Recommendations**

The Advisory Committee for Oral Health (AC4OH) is a 13 member committee charged with advising and making recommendations to the Division of Public and Behavioral Health to support the Division in their duties to promote the health and well-being of Nevadans through the delivery or facilitation of essential services to ensure families are strengthened, public health is protected and individuals achieve their highest level of self-sufficiency as it relates to Oral Health and as outlined under NRS 439.271-439.2794.

This document submitted by the Advisory Committee on Oral Health outlines the status of oral health in Nevada and provides advisory guidance to the Administrator of the Division of Public and Behavioral Health with the committee's recommendations.

Status of Oral Health in Nevada

Loss of Federal Grant Funding – Centers for Disease Control and Prevention (CDC) renewal of Nevada's grant award request was denied September of 2013. For FY 2012 the State Oral Health Program (OHP) received \$355,000 in funding from the CDC that supported the entire program for that year except for a full time Health Specialist II position that was funded by the Maternal and Child Health Block Grant.

Nevada Grade [C-] - In 2014 NV received a C-, down from a C for the previous reporting period in 2012, for children's dental health from PEW charitable trust based on national benchmarks aimed to improve children's oral health. In particular Pew cited the following reason for Nevada's downgrade, *"Nevada's grade in 2014, a C-, is lower than the C earned in 2012, because two of the three state Medicaid managed care organizations have closed panels, therefore hygienists are not able to bill for services delivered to all Medicaid children in schools."* (www.pewtrusts.org).

Access to Care – Currently Nevada provides Medicaid dental preventive and restorative care for children and very limited emergency services for adults. The Medicaid expansion approved by the Governor has resulted in an estimated additional 266,000 Medicaid enrollees, many of whom are adults. This number is approximately 100,000 more individuals than reported in July of 2014. With limited access to dental care it is anticipated that adults will be forced to seek care for dental pain through hospital emergency rooms.

In 2005 the Nevada Division of Public and Behavioral Health estimated that the state's hospitals received 6,431 emergency or in-patient visits due to decay, gum disease, or abscessed teeth. **The charges associated with these patients were projected at nearly \$4 million.**

(<http://health.nv.gov/PDFs/OH/Final2005NevadaHospitalReport.pdf>).

A recent study conducted by UNLV and UMC found of children up to age 18 who presented at UMC between 2007 and 2012 that there were 4,122 dental/oral related emergencies with 47.7% having Medicaid or government assistance insurance and 46.6% were Hispanic. **There has been an increase of almost 50% in oral related emergencies in the ED among Medicaid patients from 2007 to 2012.**

(<http://health.nv.gov/PDFs/OH/2014-03-4/Dr%20RusinoskiEDDataUNLVSDMMarch2014.pdf>).

Pew's Report, *A Costly Dental Destination*, estimates that preventable dental conditions were the primary reason for 830,590 ER visits, by Americans in 2009 – a 16 percent increase from 2006. Pew concludes that states can reduce hospital visits, strengthen oral health and reduce their costs by making modest investments to improve access to preventive care.

Given these facts the following recommendations are being put forth by the Advisory Committee on the State Program for Oral Health.

Recommendations

#1 Allocate adequate sustainable state funding to support the State Oral Health Program (OHP) and required functions per NRS of a State Dental Officer and a State Public Health Dental Hygienist, and for required quarterly meetings of the Advisory Committee on the State Program for Oral Health (AC4OH) on an annual basis.

- Establish long term investment of OHP program by the State that will allow qualified licensed staff with public health training and experience to: conduct/collect surveillance data consistently, implement manage and evaluate community-based prevention programs and strategies, provide dental expertise to multiple programs in the Division of Public and Behavioral Health (DPBH) and benefit the public through policy and education resulting in healthier outcomes.
- Assure the OHP is linked to the oral health community through the expertise and resources of the AC4OH.

#2 Leverage existing funding to support the State Dental Health Officer & State Public Health Dental Hygienist positions, and the functions of the OHP.

- NRS 439.272 and 439.279 establishes justification to support the ongoing funding for the appointments of these licensed professionals and additionally, continues to allow for the positions to be converted into unclassified service.
- Fill the positions of State Dental Health Officer and State Public Health Dental Hygienist by July 1, 2016.
- Access Federal Medicaid funding allowed through Title 41 to partially support the State Dental Officer position. Provide dental expertise within the Division of Health Care Financing and Policy (State Medicaid agency) to be advisory for claims, policy and required federal reporting. Support state accountability for federal funds.

- Create mechanism for greater accountability from Medicaid vendors, which in turn will increase Nevada’s Medicaid Dental utilization rating.
- Explore viability of partial funding stream from percentage of licensing fees and fines paid to the Nevada State Board of Dental Examiners.

#3 Identify and allocate funding sources or policy changes needed to support dental health – direct services, access to care and needs assessment.

- ***Develop a two-year pilot program as outlined in the budget concept proposal, to enhance Medicaid dental benefits for adult individuals enrolled in Medicaid, inclusive of persons with disabilities recognizing mental illness as a disability.***
 - Utilize public health professionals and dental/dental hygiene students to leverage resources and improve access. Track data and conduct analysis of cost-avoidance from reduced emergency room utilization for acute dental crisis. (Align Medicaid policy of wavier period to budget concept strategy to ensure effective utilization and that project success is possible).
- ***Include licensed dental professionals (DDS, DMD, RDH, Public Health Dental Hygiene Endorsement [DHPHE]) as essential personnel within the Nevada School-Based Health Centers accreditation standards.***
 - Physicians and nurses have very limited knowledge of diseases and conditions of the oral cavity and generally consider this to be the realm of dentists and dental hygienists.
 - Dental decay is the most prevalent chronic childhood disease, above asthma and diabetes. School-based standards need to include professionals trained to identify and treat dental disease. (<http://www.mychildrensteeth.org/assets/2/7/ECCstats.pdf>).
- Utilize information within the tax expenditures report (required by AB 466; NRS 360) to identify/ develop diversified funding streams for oral health services.
- Explore funding opportunities from voluntary monetary donations paid by dental providers through the stipulation process under the authority of the Nevada State Board of Dental Examiners to support school-based oral health prevention programs, veteran’s and senior’s dental programs that serve low income populations and to conduct surveillance activities.
- ***Open Medicaid dental provider panels for all dental public health providers/programs, as approved by the Nevada State Board of Dental Examiners and the DPBH through the OHP; and for private dental providers in designated Health Professional Shortage Areas (HPSAs). Support restructuring of minimum unique encounter rates by providers to remain on the active Medicaid provider list.***
 - Aligns NRS responsibility of the DPBH, “to coordinate State and local programs and services to ensure that the public has adequate access to dental services”, to the mission of the Division of Health Care Financing and Policy (DHCFP) of, “providing quality healthcare services to low income Nevadans in the most efficient, equitable and affordable manner”.
 - Opening Medicaid administered panels allows public health dental providers a pathway for program sustainability.
 - Removes access to care barriers that contribute to Nevada’s low dental Medicaid utilization by allowing expansion of school and community-based prevention programs.
 - Supports data collection requirements of the Medicaid Managed Care Organization Services contract between the State and vendors.

- #4 Conduct analysis of existing data collection by epidemiologist to identify data gaps and/or possible modifications of current resources that will support successful grant applications, federal reporting requirements and internal evaluations.**
- Leverage existing resources that may exist but have not been identified or aligned. Provides starting point to establish logic model to address gaps.
 - Identify oral health questions for inclusion within all federal health surveys implemented at the state level including but limited to BRFSS, PRAMS and YRBS.
 - Grow opportunities to collect data, research and innovation within the state.
 - Bring federal dollars back to Nevada to go to work benefiting Nevadans, both in access to care services and opportunities to expand workforce.
- #5 Standardization/ alignment of the collection of data reported to the state that provides information required for Basic Screening Survey (BSS) surveillance reporting.**
- Provides opportunity to utilize surveillance information already being collected by agencies and organizations in a meaningful way that will fulfill the State's responsibility for BSS.
 - Funding through State sub-grants for direct services would motivate compliance.
 - Partner with private/public agencies to adopt low-cost options that allow efficient, relevant and timely data collection.
- #6 Encourage integration of importance of oral health and dental public health into primary medical care as well as expand knowledge within private sector dentistry.**
- Work with regulatory Boards to institute mandatory continuing education requirements for re-licensure of medical and dental licensees that focus on dental public health issues as they relate to general health and access.
 - Integrate oral health into local health districts' Chronic Disease Prevention and Health Promotion (CDPHP) programs, which currently lack a dental health component despite evidence of oral health's importance in over-all health.
 - Restructure State Boards to include one dental professional on the Nevada State Board of Medical Examiners and also on the Nevada State Board of Nursing; and one medical professional to the Nevada State Board of Dental Examiners.
 - Integration of dental elements into the States University Medical schools. This would allow for basic understanding of dental conditions and health impact of poor oral health, as well as establish cross discipline integration of emerging providers.
 - Work with state oral health coalitions and stakeholders to identify existing law or regulation that impedes access to care.
- #7 Align Medicaid dental policies to NRS, resulting in enhanced utilization of preventive services and early intervention when restorative dental services are needed.**
- Enhance communication and collaboration between state agencies to support intent of legislature and mission of the DHCFF facilitated by the State Dental Health Officer.
 - Monitor utilization for evaluation of policy effectiveness.